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PTO/SB/05 (4/98)

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Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Attorney Docket No. UTILITY Mirus.017.01 First Inventor or Application Identifier Jon Wolff PATENT APPLICATION Intravascular Delivery of Non-Viral Nucleic Acid **TRANSMITTAL** FK9573932023LIS

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	Nam	ne (Pri	PrintType) Mark K. Johnson						Registration No. (Attorney/A			ney/Agent)		35,909	7
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



PTO/SB/17 (6/99)

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FEE TRANS	MITTAL	Complete if Known				
		Application Number				
for FY 2	2000	Filing Date	August 2, 2000 Wolff, Jon A.			
Patent fees are subject to a	annual revision.	First Named Inventor				
Small Entity payments <u>must</u> be supported otherwise large entity fees must be paid		Examiner Name	-			
See 37 C.F.R. §§ 1.27	' and 1.28.	Group / Art Unit				
OTAL AMOUNT OF PAYMENT (\$) 462.00		Attorney Docket No.	MIRUS.017.01			
METHOD OF DAVIMENT	71	555 041 011	I ATION CO.			

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		e Entit		AL FE	y		
Deposit Account Number		e (\$) 130		le (\$) 65	Fee Description Surcharge - late filing fee or oath	Fee Paid	
Deposit	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.		
Name	139	130	139	130	Non-English specification		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	For filing a request for reexamination		
2. X Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
Check Money Order Other	113	1,840*	113	1,840	Requesting publication of SIR after Examiner action		
FEE CALCULATION	115	110	215	55	Extension for reply within first month		
	116	380	216	190	Extension for reply within second month		
1. BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extension for reply within third month		
Fee Fee Fee Fee Description	118	1,360	218	680	Extension for reply within fourth month		
Code (\$) Code (\$) Fee Paid	128	1,850	228	925	Extension for reply within fifth month		
101 760 201 380 Utility filing fee 345.00	119	300	219	150	Notice of Appeal		
106 310 206 155 Design filing fee	120	300	220	150	Filing a brief in support of an appeal		
107 480 207 240 Plant filing fee	121	260	221	130	Request for oral hearing		
108 760 208 380 Reissue filing fee	138	1,510	138	1.510	Petition to institute a public use proceeding		
114 150 214 75 Provisional filing fee	140	110	240	55	Petition to revive - unavoidable		
SUBTOTAL (1) (\$) 345.00		1,210		605	Petition to revive - unintentional		
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility issue fee (or reissue)		
Fee from Extra Claims below Fee Paid	143	430	243	215	Design issue fee		
Total Claims 33 -20** = 13 × \$9.00 = 117.00	144	580	244	290	Plant issue fee		
Independent 3 - 3** = 0 × = 0.00	122	130	122	130	Petitions to the Commissioner		
Multiple Dependent =	123	50	123	50	Petitions related to provisional applications		
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submission of Information Disclosure Stmt		
Large Entity Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)		
103 18 203 9 Claims in excess of 20	146	760	246	380	Filing a submission after final rejection (37 CFR § 1.129(a))		
102 78 202 39 Independent claims in excess of 3	149	760	249	380	For each additional invention to be	 	
104 260 204 130 Multiple dependent claim, if not paid					examined (37 CFR § 1.129(b))		
109 78 209 39 ** Reissue independent claims over original patent	Other	fee (sp	ecify)				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (sp	ecify)				
SUBTOTAL (2) (\$) 117.00	Redu	ced by	Basic	Filing F	ee Paid SUBTOTAL (3) (\$)		
SUBMITTED BY					Complete (if applicable)		
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Name (Print/Type) Mark Ka Johnson Registration No. (Attorney/Agent) 35,909 Telephone (262) 821	5.600
	-5690
Signature Date August 2.	2000

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